

HIT-HIE Stakeholders Initial Meeting

September 9, 2009

3:00 – 4:30 p.m.

Call in number: 866-910-4857, pass code: 489421

AGENDA

1. Welcome & Introductions
2. Review of Recent Federal Funding Announcements
 - a. ONC HIE Cooperative Agreement
 - b. ONC Regional HIT Extension Center Cooperative Agreement
 - c. CMS State Medicaid Directors Letter
3. Process for producing next two editions (October 2009 and Spring 2010) of *Vermont HIT Plan* and considerations related to same
4. Structure of ONC compliant plan
5. Update on HIT & Payment Reform Work Group outcomes
6. Open Forum for feedback on the policy issues at hand
7. Next Steps, Next Meeting(s)

New statute codified in H.444, now Act 61 of 2009:

18 V.S.A. CHAPTER 219. HEALTH INFORMATION TECHNOLOGY

§ 9351. HEALTH INFORMATION TECHNOLOGY PLAN

(a) The secretary of administration or designee shall be responsible for the overall coordination of Vermont's statewide health information technology plan. The secretary or designee shall administer and update the plan as needed, which shall include the implementation of an integrated electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payers, and patients. The plan shall include standards and protocols designed to promote patient education, patient privacy, physician best practices, electronic connectivity to health care data, and, overall, a more efficient and less costly means of delivering quality health care in Vermont.

(b) The health information technology plan shall:

(1) support the effective, efficient, statewide use of electronic health information in patient care, health care policymaking, clinical research, health care financing, and continuous quality improvements;

(2) educate the general public and health care professionals about the value of an electronic health infrastructure for improving patient care;

(3) ensure the use of national standards for the development of an interoperable system, which shall include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;

(4) propose strategic investments in equipment and other infrastructure elements that will facilitate the ongoing development of a statewide infrastructure;

(5) recommend funding mechanisms for the ongoing development and maintenance costs of a statewide health information system, including funding options and an implementation strategy for a loan and grant program;

(6) incorporate the existing health care information technology initiatives to the extent feasible in order to avoid incompatible systems and duplicative efforts;

(7) integrate the information technology components of the Blueprint for Health established in chapter 13 of this title, the agency of human services' enterprise master patient index, and all other Medicaid management information systems being developed by the office of Vermont health access, information technology components of the quality assurance system, the program to capitalize with loans and grants electronic medical record systems in primary care practices, and any other information technology initiatives coordinated by the secretary of administration pursuant to section 2222a of Title 3; and

(8) address issues related to data ownership, governance, and confidentiality and security of patient information.

The Section below ties the new state plan to the HITECH Act Section 3013 ONC Grants to States

Act 61, Sec. 8.

HEALTH INFORMATION TECHNOLOGY PLANNING AND IMPLEMENTATION GRANTS

(a) The secretary of administration or designee shall apply to the Secretary of Health and Human Services for an implementation grant to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards and implementation specifications. As part of the grant application, the secretary or designee shall submit a plan, which may include some or all of the elements of the plan administered by the secretary or designee pursuant to section 9351 of Title 18, and which shall:

- (1) Be pursued in the public interest;
- (2) Be consistent with the strategic plan developed by the National Coordinator of Health Information Technology;
- (3) Include a description of the ways in which the state will carry out the activities described in the application for the planning grant under subsection (c) of this section; and

- (4) Contain such elements as the Secretary of Health and Human Services may require.

(b) Funds received pursuant to an implementation grant under subsection (a) of this section shall be used to conduct activities, including:

- (1) Enhancing broad and varied participation in the authorized and secure nationwide electronic use and exchange of health information;
- (2) Identifying state or local resources available toward a nationwide effort to promote health information technology;
- (3) Complementing other federal grants, programs, and efforts toward the promotion of health information technology;
- (4) Providing technical assistance for the development and dissemination of solutions to barriers to the exchange of electronic health information;
- (5) Promoting effective strategies to adopt and utilize health information technology in medically underserved areas;
- (6) Assisting patients in utilizing health information technology;
- (7) Providing education and technical assistance in the use of health information technology to clinicians and key practice support staff and encouraging clinicians to work with federally designated Health Information Technology Regional Extension Centers, to the extent that they are available and valuable;

(8) Supporting public health and human service agencies' authorized use of and access to electronic health information;

(9) Promoting the use of electronic health records for quality improvement, including through quality measures reporting; and

(10) Such other activities as the Secretary of Health and Human Services or the National Coordinator of Health Information Technology may specify.

(c) The secretary of administration or designee shall apply to the Secretary of Health and Human Services, through the Office of the National Coordinator for Health Information Technology, for a grant to plan the activities described in subsection (b) of this section.

(d) In carrying out the activities funded by the planning and implementation grants, the state shall consult with and consider the recommendations of:

(1) Health care and human service providers, including those who provide services to low income and underserved populations;

(2) Health insurers;

(3) Patient or consumer organizations that represent the population to be served;

(4) Health information technology vendors;

(5) Health care purchasers and employers;

(6) All relevant state agencies, including the department of banking, insurance, securities, and health care administration; the department of information and innovation; and the agency of human services;

(7) Health profession schools, universities, and colleges;

(8) Clinical researchers;

(9) Other users of health information technology, such as health care providers' support and clerical staff and others involved in patient care and care coordination; and

(10) Such other entities as the Secretary of Health and Human Services determines appropriate.